Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Title:: STUD EARRING WITH A REMOVABLE

DANGLE ELEMENT

Attorney Docket Number:: K47.12-0001

Request for Non-Publication?:: No Suggested Drawing Figure:: FIG. 1

Total Drawing Sheets:: 5
Small Entity?:: Yes

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Given Name:: Joseph G. Family Name:: Renter

Name Suffix::

City of Residence:: Forest Hills

State or Province of Residence:: NY Country of Residence:: US

Street of Mailing address:: 107-06 71st Road

City of Mailing address:: Forest Hills

State of Province of mailing address:: NY Postal or Zip Code:: 11375

Correspondence Information

Name:: Steven M. Koehler

Street of mailing address:: Westman, Champlin & Kelly

900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis State or Province of mailing address:: MN

Postal or Zip Code of mailing address:: 55402-3319

Phone number::

612/334-3222

Fax number::

612/334-3212

Representative Information

Representative	Registration	Representative Name:		
Designation::	Number::			
Primary	20147	Nickolas E. Westman		
Primary	34797	Judson K. Champlin		
Primary	34847	Joseph R. Kelly		
Primary	36188	Steven M. Koehler		
Primary	34557	David D. Brush		
Primary .	38354	John D. Veldhuis-Kroeze		
Primary	39758	Theodore M. Magee		
Primary	35612	Deirdre Megley Kvale		
Primary	42413	Christopher R. Christenson		
Primary	41885	Brian D. Kaul		
Primary	45466	Nathan M. Rau		
Primary	45844	Christopher L. Holt		
Primary	45956	Alan G. Rego		
Primary	48516	Todd R. Fronek		
Primary	49027	Linda P. Ji		
Primary	53675	Leanne R. Taveggia		
Primary	24383	Robert M. Angus		
Primary	32015	David C. Bohn		
Primary	30214	Z. Peter Sawicki		
Primary	48774	Peter J. Ims		
Primary	51655	Bryan F. Erickson		

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application			MM/DD/YY

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

Assignee Information

Assignee name:: Kwiat, Inc.

Street of mailing address:: 579 Fifth Avenue

City of mailing address:: New York
State or Province of mailing address:: New York
Postal or Zip Code of mailing address:: 10017